

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 68

STATE FILE NUMBER =63-020967

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0795

2 0795

3

4 0

5 1

6

7 0

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9 4/200

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 28 1963

1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Perryville

Length of stay in 1b

40 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Perry Co. Mem. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry

admission)

c. CITY

OR TOWN

Perryville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Rte. 2

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Theodore

First

A.

Last

Mecker

4. DATE OF DEATH

Month

Day

Year

5-19-63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-20-96

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Fassold Feed Co.

11. BIRTHPLACE (City and state or country)

Perry Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jacob H. Mecker

13b. MOTHER'S MAIDEN NAME

Caroline Weinrich

14. NAME OF HUSBAND OR WIFE

Flora Mecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Flora Mecker, Perryville, Rte 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart failure

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart disease

10 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from:

1957

to 19 May 63

and last saw him alive on 19 May 63

Death occurred at:

10:20 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stanley H. Kerner M.D.

22b. ADDRESS

Perryville Mo

22c. DATE SIGNED

5/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-22-63

23c. NAME OF CEMETERY OR CREMATORY

Immanuel Lutheran Cem.

23d. LOCATION (City, town, or county)

Perryville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons Perryville Mo

25. DATE RECD. BY LOCAL REG.

5-21-63

26. REGISTRAR'S SIGNATURE

Joel J. Joellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edward C. Green

Licensed Embalmer No.

238

P. O. Address

Lerryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.